PTO/SB/06 (07-06) Approved for use through 1/31/2007, OMB 0651-0032

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10/779,363			ing Date 13/2004	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)								OTHER THAN SMALL ENTITY OR SMALL ENTITY					
FOR			JMBER FIL	.ED N	NUMBER EXTRA		٦	RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A		ı	N/A		1	N/A		
	SEARCH FEE (37 CFR 1.16(k), (i),	or (m))	N/A		N/A		I	N/A			N/A		
	EXAMINATION FE (37 CFR 1.16(a), (p),		N/A		N/A		I	N/A			N/A		
	FAL CLAIMS CFR 1.16(i))		mir	us 20 = *				x \$ =		OR	x s =		
	EPENDENT CLAIN CFR 1.16(h))	IS	m	inus 3 = *		$\Box$	ı	x \$ =		1	x s =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	ts of pape 50 (\$125 ional 50 s	tion size fee y) for each	n thereof. See								
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.18(j))							ı	TOTAL					
* If the difference in column 1 is less than zero, enter "0" in column 2.										J	TOTAL		
APPLICATION AS AMENDED - PART II  OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY													
AMENDMENT	07/20/2007	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESE EXTR		l	RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16(i))	· 21	Minus	<b></b> 40	= 0		ı	x \$ =		OR	X \$50=	0	
	Independent (37 CFR 1.16(h))	• 5	Minus	3	= 2		ı	x \$ =		OR	X \$200=	400	
	Application Size Fee (37 CFR 1.16(s))									Ш			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))						1			OR			
							۰	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	400	
(Column 1) (Column 2) (Column 3)													
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSL' PAID FOR	PRESE EXTR		l	RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1,16(i))		Minus		-		I	x \$ = 1		OR	x s =		
	Independent (37 CFR 1.16(h))		Minus	**	=		I	x \$ =		OR	x \$ =		
Ξ	Application Size Fee (37 CFR 1.16(s))						ı			l			
Α	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))						1			OR			
							•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
**	" If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  " If the "Highest Number Previously Paid For "N THIS SPACE" is less than 3, enter "20".  "If the "Highest Number Previously Paid For "N THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For "(Total or Independent) is the highest number found in the appropriate box in column 1.												

This collection of information is orquined by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public with in its in fall (and process) an application Confidentiality is operand by 38 US 6.2 22 and 37 CFR 1.4. This recollection is estimated to the 82 trainware to complete, encluding pathening, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burdon, should be sent to the CERF (information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.